

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to amend name on Class C Non-Emergency Certificate

Temeka Parks DBA W.C.C.

BEFORE THE 227840
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 288 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Temeka ParksTelephone: 803-708-1114Address: 106 Legend Oaks Dr
Columbia SC 29229Fax: 803-708-1114

Other: _____

Email: Parksmedicaltransportation@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☒ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C AMENDMENT FORM

Attn Clerk's Office

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896 - 5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

* DATE: 1-25-11

I have the following Certificate:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☒ Class C Non-Emergency # 8338 ☐ Class C Stretcher Van# _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Temeka Parks DBA: W.C.C.
 (Current Name) (Current DBA if applicable)

TO: Temeka Parks DBA: Parks Medical Transportation Ltd
 (New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
 (Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
 (Current Limit Number) (New Limit Number)

* Temeka Parks Parks Medical Transportation Ltd, Inc. * Job Legend Oaks Dr
 Name & DBA if DBA is applicable (Street and/or Mailing Address)

* Columbia SC 29229 * Lameka Pa
 (City, State, Zip Code) (Signature)

* 803-708-1114 * President
 (Telephone Number) (Title) Owner, President, etc.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PARKS MEDICAL TRANSPORTATION LTD CO, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 6th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
6th day of January, 2011.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

Print Form

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

JAN 06 2011

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Parks Medical Transportation Ltd co

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

106 Legend Oaks Dr
Street Address
Columbia SC 29229
City Zip Code

3. The initial agent for service of process is

Temeka Parks Temeka Parks
Name Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

106 Legend Oaks Dr
Street Address
Columbia SC 29229
City Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Temeka Parks
Name
106 Legend Oaks Dr
Street Address
Columbia SC 29229
City State Zip Code

(b) _____
Name

Street Address

City

110106-0170 FILED: 01/06/2011
PARKS MEDICAL TRANSPORTATION LTD CO
Filing Fee: \$110.00 ORIG

Zip Code

Mark Hammond

South Carolina Secretary of State

Revised by South Carolina
Secretary of State, December 2009